

## Appendix 4.1. RCT: TMD SELF-CARE TREATMENT PROGRAM

### RDH Self-Assessment Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Clinic Session #1 (with RDH)

| ACTION  | CHECK  |  |
|---|--|--|
| I. <u>Welcome:</u><br><u>Introduction</u>   | <input type="checkbox"/><br><input type="checkbox"/>   | <b>A. Welcome to the TMD Self-Management Treatment Program</b><br>1. Introduce self and study<br>2. Introduce treatment program objectives <ul style="list-style-type: none"> <li>increasing knowledge; learning to self-monitor and self-manage; and developing a personal plan</li> </ul> <b>B. Introduction</b><br>1. Patient's Manual<br>2. Overview of today's session: <ul style="list-style-type: none"> <li>Review your symptoms; causes, treatment of TMD</li> <li>Review self-management methods; formulate personal Plan</li> </ul> |
| II. <u>Review</u><br><u>Patient's</u><br><u>Summary of</u><br><u>Findings:</u><br><u>Axis I</u>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <b>A. Clinical Exam</b><br>1. RDH performs mini-exam<br>2. Patient Status Report form<br><b>B. Review of RDC Axis I findings</b><br>1. Chief complaint; symptoms; meds; other conditions<br>2. Review Axis I Diagnosis (from bottom portion 1st pg.).  |
| III. <u>Explain</u><br><u>Anatomy of</u><br><u>TMJ &amp; Facial</u><br><u>Muscles</u>   | <input type="checkbox"/><br><input type="checkbox"/>   | <b>Explain TMD: ADA definition &amp; describe</b> <ul style="list-style-type: none"> <li>Structure and function of the TMJ and disc</li> <li>Muscle fatigue/discomfort</li> </ul>  |
| IV. <u>Review TMD</u><br><u>Signs and</u><br><u>Symptoms</u>  | <input type="checkbox"/><br><input type="checkbox"/>   | <b>Review Common Symptoms: pain, jaw limitations, sounds</b> <ul style="list-style-type: none"> <li>Other Pain Conditions</li> </ul>   |
| V. <u>Review</u><br><u>Patient's</u><br><u>Summary of</u><br><u>Findings:</u><br><u>Axis II</u>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <b>Review Axis II: Summary of Findings, 2nd page of form (page 4 in Manual) including:</b><br>1. Activities limited by current jaw problem<br>2. Patient's explanatory model<br>3. Prior TMD treatments<br>4. Patient's goals for treatment<br>5. Graded Chronic Pain Status ( <i>remember, patient is Chronic Pain Grade 0, I or II</i> ).  |
| VI. <u>Describe</u><br><u>Rationale for</u><br><u>TMD Self-</u><br><u>Management</u><br><u>&amp; the</u><br><u>Biobehavioral</u><br><u>Approach</u> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <b>Clinic mission, rationale for self-management approach, emphasis on biobehavioral treatments</b><br>1. Rationale for conservative treatment approach<br>2. Emphasis on a self-management orientation to care:<br>3. Self-monitoring; exercises; behavior change; biobehavioral treatment  |
| VII. <u>Review</u><br><u>DDS</u><br><u>Checklist</u>  | <input type="checkbox"/><br><input type="checkbox"/>   | <b>A. Review DDS Checklist with Patient</b><br><b>B. Goals for Review and Personal Plan</b><br><b>C. TMD Self-Evaluation</b>   |

**TMD SELF-MANAGEMENT TREATMENT PROGRAM**  
Self-Assessment Checklist

| ACTION  | CHECK                    |   |
|---|--------------------------|---|
| <b>Abdominal Breathing</b>  | <input type="checkbox"/> | 1. Rationale  |
|   | <input type="checkbox"/> | 2. How to self-evaluate: Daily evaluation of jaw function <ul style="list-style-type: none"> <li>a. Measuring symptoms</li> <li>b. Monitoring symptom patterns</li> <li>c. Monitoring jaw posture &amp; habits</li> </ul> |
|   | <input type="checkbox"/> | 3. TMD Jaw Exercises  |
|   | <input type="checkbox"/> | 4. Additional Pain Management: Use Manual   |
|   | <input type="checkbox"/> | 5. Use of medications: dentist's instructions   |
|   | <input type="checkbox"/> | 6. Introduce & demonstrate abdominal (tension-release) breathing; progressive muscle relaxation exercises   |
| <i>VIII. <u>Instruct Patient on Use of Manual Materials</u></i>     | <input type="checkbox"/> | <b>A. Introduce Readings and Reading Feedback Form</b>  |
|   | <input type="checkbox"/> | <b>B. Use of Personal TMD Health Care Plan Form</b>   |
|   | <input type="checkbox"/> | 1. Review instructions for completing Plan form   |
|   | <input type="checkbox"/> | 2. Transfer dentist's instructions to Plan form   |
|   | <input type="checkbox"/> | <b>C. Formulate/Review Patient's Personalized Daily Routine</b>   |
|   | <input type="checkbox"/> | 1. <u>What to do</u> : Daily routine; what to record  |
| <i>IX. <u>Schedule Phone Contact #1 &amp; Clinic Session #2</u></i> | <input type="checkbox"/> | 2. <u>Carrying out the plan—optimizing adherence</u>  |
|   |                          | <b>[Retain pink copy of the completed Plan.]</b>  |
|   | <input type="checkbox"/> | <b>A. Phone Contact #1</b> (in 1 week) — Explain  |
|   | <input type="checkbox"/> | <b>B. Clinic Session #2</b> (in 2 weeks); preview, materials to bring   |
|   | <input type="checkbox"/> | <b>C. Closing</b>   |
|   | <input type="checkbox"/> | 1. Schedule next steps  |
|   | <input type="checkbox"/> | 2. Record the appointment times on the "Session 1 Overview" page (p. 1) in Patient's Manual.  |

CLINICAL  
NOTES:

**Appendix 4.1. RCT: TMD SELF-CARE TREATMENT PROGRAM  
RDH Self-Assessment Checklist**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PHONE CONTACT #1 (10 minutes)**

| <b>ACTION</b>                                   | <b>CHECK</b>             |  |
|---|--------------------------|--|
| I. <u>Brief Introduction</u>                    | <input type="checkbox"/> | A. Introduction  |
|   | <input type="checkbox"/> | B. Reason for Call   |
| II. <u>Review Patient Status &amp; Symptoms</u> | <input type="checkbox"/> | A. Review Status/Symptoms                                  |
|   | <input type="checkbox"/> | B. Query Re: Questions/Concerns                            |
| III. <u>Review TMD Personal Plan</u>            | <input type="checkbox"/> | A. Review Personal Plan                                    |
|   | <input type="checkbox"/> | 1. Review patient's experience with each component of plan |
|   | <input type="checkbox"/> | 2. General questions about the TMD plan                    |
|   | <input type="checkbox"/> | 3. Specific questions about "Monitoring Symptom Patterns"  |
|   | <input type="checkbox"/> | B. Readings from Session #1                                |
|   | <input type="checkbox"/> | C. Discuss Obstacles to Plan and Generate Solutions.       |
|   | <input type="checkbox"/> | D. Modify Personal Plan, as needed                         |
|   | <input type="checkbox"/> | E. Congratulate and/or Encourage                           |
| IV. <u>Inter-session Health Care Activities</u> | <input type="checkbox"/> | Continue Activities/Work on Activities Not Done            |
| V. <u>Preview Next Clinic Session</u>           | <input type="checkbox"/> | A. Clinic Session #2 (in 1 week)                           |
|   | <input type="checkbox"/> | 1. Preview next session                                    |
|   | <input type="checkbox"/> | 2. Remind patient to bring manual/forms.                   |
|   | <input type="checkbox"/> | B. Closing   |

**TMD SELF-MANAGEMENT TREATMENT PROGRAM**  
Self-Assessment Checklist

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**CLINIC SESSION #2 (50 minutes)**

| <b>ACTION</b>   | <b>CHECK</b>             |  |
|---|--------------------------|--|
| I. <u>Review Patient Status &amp; Symptoms</u>                        | <input type="checkbox"/> | <b>A. Welcome</b>  |
|   | <input type="checkbox"/> | 1. Welcome patient back.   |
|   | <input type="checkbox"/> | 2. Current status; change in symptoms  |
|   | <input type="checkbox"/> | 3. Session overview  |
|   | <input type="checkbox"/> | <b>B. Perform “mini-exam”</b>  |
|   | <input type="checkbox"/> | 1. Give patient brief feedback from exam.  |
|   | <input type="checkbox"/> | 2. Complete Patient Status Report form after session and forward to OM Specialist.                                       |
| II. <u>Review TMD Personal Plan</u>                                   | <input type="checkbox"/> | <b>A. Review patient’s experience with each component of plan:</b>   |
|   | <input type="checkbox"/> | • CHECK / STRETCH / BREATHE  |
|   | <input type="checkbox"/> | • Monitoring Symptom Patterns  |
|   | <input type="checkbox"/> | • Other Self-Care Activities   |
|   | <input type="checkbox"/> | • Medication Use   |
|   | <input type="checkbox"/> | • General questions about the TMD plan and new versions  |
|   | <input type="checkbox"/> | <b>B. Summarize above obstacles and solutions, non-compliance.</b>   |
| III. <u>Review Reading Feedback Forms</u>                             | <input type="checkbox"/> | <b>Review Reading Feedback Forms from past week</b>  |
| IV. <u>Introduce: Role of Pain-Stress-Muscle Tension Cycle in TMD</u> | <input type="checkbox"/> | <b>Introduction to Stress Cycle</b>  |
|   | <input type="checkbox"/> | <b>A. Two primary factors, jaw muscle fatigue/tension and stress, and their control</b>                                  |
|   | <input type="checkbox"/> | <b>B. Stress, physical, behavioral and emotional response to stress, effects of stress on body, individual stressors</b> |
|   | <input type="checkbox"/> | <b>C. Breaking the Pain - Stress - Muscle Tension Cycle</b>  |
|   | <input type="checkbox"/> | • Reducing stress and muscle tension; recognizing patterns   |
| V. <u>Introduce Relaxation Techniques</u>                             | <input type="checkbox"/> | <b>A. Progressive Muscle Relaxation (PMR): Rationale</b>   |
|   | <input type="checkbox"/> | <b>B. Progressive Muscle Relaxation: Doing it</b>  |
|   | <input type="checkbox"/> | 1. Introduction to PMR methods   |
|   | <input type="checkbox"/> | 2. Goals; commitment   |
|   | <input type="checkbox"/> | <b>C. Additional Stress-Relieving Techniques</b>   |
| VI. <u>Summarize Inter-session Health Care Activities</u>             | <input type="checkbox"/> | <b>A. Review Inter-session Materials in Patient’s Manual</b>   |
|   | <input type="checkbox"/> | <b>B. Introduce New Readings and Reading Feedback Forms</b>  |
|   | <input type="checkbox"/> | <b>C. Summarize TMD Personal Plan</b> [RDH should keep a copy of the completed plan]                                     |
|   | <input type="checkbox"/> | 1. Modify and complete Personal Plan and run through   |
|   | <input type="checkbox"/> | 2. Identifying obstacles / solutions   |

# **Appendix 4.1. RCT: TMD SELF-CARE TREATMENT PROGRAM** **RDH Self-Assessment Checklist**

| ACTION                   | CHECK                    |   |
|--------------------------|--------------------------|---|
| <u>VII. Schedule</u>     | <input type="checkbox"/> | <b>A. Describe/Preview Phone Contact #2</b> (in 2 weeks)            |
| <u>Phone</u>             | <input type="checkbox"/> | <b>B. Describe/Preview Clinic Session #3</b> (in 4 weeks)           |
| <u>Contact #2</u>        | <input type="checkbox"/> | <b>C. Closing</b>   |
| <u>&amp; Clinic</u>      | <input type="checkbox"/> | 1. Questions; scheduling; reminder - Manual and forms for next time |
| <u>Session #3</u>        | <input type="checkbox"/> | 2. Recording appointments   |
| <input type="checkbox"/> | <input type="checkbox"/> |   |
| <input type="checkbox"/> | <input type="checkbox"/> |   |

CLINICAL  
NOTES:

TMD SELF-MANAGEMENT TREATMENT PROGRAM  
Self-Assessment Checklist

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**PHONE CONTACT #2 (15 minutes)**

| ACTION  | CHECK                    |  |
|---|--------------------------|--|
| I. <u>Brief Introduction</u>                              | <input type="checkbox"/> | A. Introduction  |
| II. <u>Review Patient Status &amp; Symptoms</u>           | <input type="checkbox"/> | A. Review current status                               |
|   | <input type="checkbox"/> | B. Questions/concerns                                  |
| III. <u>Review TMD Personal Plan</u>                      | <input type="checkbox"/> | A. Review of Personal Plan                             |
|   | <input type="checkbox"/> | 1. Review each component                               |
|   | <input type="checkbox"/> | 2. Ask general questions about the TMD plan            |
|   | <input type="checkbox"/> | B. Specific questions about TMD relaxation exercises:  |
|   | <input type="checkbox"/> | 1. Relaxation audio tape                               |
|   | <input type="checkbox"/> | 2. Other stress reduction techniques                   |
|   | <input type="checkbox"/> | 3. Discuss obstacles and generate solutions.           |
| IV. <u>Review Reading Feedback Forms</u>                  | <input type="checkbox"/> | A. Review Reading Feedback Forms from past week        |
|   | <input type="checkbox"/> | B. Modify Personal Plan, as needed                     |
|   | <input type="checkbox"/> | C. Congratulate/encourage                              |
| V. <u>Inter-session Health Care Activities</u>            | <input type="checkbox"/> | A. Continue with activities noted in TMD Personal Plan |
|   | <input type="checkbox"/> | B. Encourage additional activities                     |
|   | <input type="checkbox"/> | C. New readings for discussion at next clinic session  |
| VI. <u>Preview Clinic Session #3; Confirm Appointment</u> | <input type="checkbox"/> | A. Preview upcoming Clinic Session #3 (in 2 weeks)     |
|   | <input type="checkbox"/> | 1. Next clinic session                                 |
|   | <input type="checkbox"/> | 2. Patient's Manual; forms                             |
|   | <input type="checkbox"/> | B. Closing   |
|   | <input type="checkbox"/> | 1. Questions   |
|   | <input type="checkbox"/> | 2. Next session  |

## Appendix 4.1. RCT: TMD SELF-CARE TREATMENT PROGRAM

### RDH Self-Assessment Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### CLINIC SESSION #3 (50 minutes):

| ACTION   | CHECK  |  |
|--|--|--|
| I. <u>Review Patient Status &amp; Symptoms</u>                   | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/>   | <p><b>A. Welcome</b></p> <ol style="list-style-type: none"> <li>Welcome patient back for last session.</li> <li>Current status and change in symptoms</li> <li>Session overview</li> </ol> <p><b>B. RDH performs full RDC exam</b></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <i>Note: RDH to do full RDC exam as needed for data collection.</i> </div> <ol style="list-style-type: none"> <li>Give patient brief feedback from exam</li> <li>RDH will complete Patient Status Report form after session and forward to OM Specialist.</li> </ol>  |
| II. <u>Review TMD Personal Plan</u>                              | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/>   | <p><b>A. Review patient's experience with Plan</b></p> <ul style="list-style-type: none"> <li>Discuss obstacles and generate solutions.</li> </ul> <p><b>B. Congratulate/encourage patient</b></p> <p><b>C. Modify Personal Plan, as needed</b></p> <ol style="list-style-type: none"> <li>Direct patient to additional TMD Personal Plan forms in "Clinic Session #3" Section of Patient's Manual.</li> <li>Revise the Personal Plan for the coming week as a model for the patient's long-term Personal Plan.</li> </ol>   |
| III. <u>Review Reading Feedback Forms &amp; Discuss Readings</u> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <p><b>A. Review Reading Feedback Forms from past week.</b><br/>[Sections B &amp; C should be integrated into discussion of the Reading Feedback Forms.]</p> <p><b>B. Communicating With Your Dentist</b></p> <ol style="list-style-type: none"> <li>Importance of good doctor-patient relationship</li> <li>Questions/concerns for OM specialist</li> <li>Discussing Personal Plan with OM Specialist</li> </ol> <p><b>C. Dealing With Flare-Ups</b></p> <ol style="list-style-type: none"> <li>Review reading <ul style="list-style-type: none"> <li>Relapse management</li> </ul> </li> <li>Assess what patient knows about factors that may contribute or predispose to a recurrence of symptoms.</li> <li>Stress <i>prevention</i></li> <li>Relate to Personal Plan</li> </ol> |
| IV. <u>Summarize &amp; Debrief Research</u>                      | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/>   | <p><b>A. Review progress from first session to present</b></p> <p><b>B. Review knowledge about TMD (from Session #1)</b></p> <ol style="list-style-type: none"> <li>Summary of rationale for UW Tx approach</li> <li>Causes of TMD; muscle tension-pain-stress cycle</li> <li>Self-management</li> </ol>   |

## TMD SELF-MANAGEMENT TREATMENT PROGRAM

### Self-Assessment Checklist

| ACTION  | CHECK                    |  |
|---|--------------------------|--|
| V. <u>Discuss</u><br><u>"What's</u><br><u>Next" for</u><br><u>patient</u>       | <input type="checkbox"/> | <b>A. Introduce "What's Next" [Program Summary: Personal Pain Management Strategies]</b>   |
|   | <input type="checkbox"/> | 1. Continued self-evaluation   |
|   | <input type="checkbox"/> | 2. Return to Clinic/questions  |
|   | <input type="checkbox"/> | 3. Caution in seeking further Tx   |
|   | <input type="checkbox"/> | <b>B. Additional resource materials</b>  |
|   | <input type="checkbox"/> | 1. Appendix section of Manual: additional resource materials   |
|   | <input type="checkbox"/> | 2. Appendix section of Manual: Optional Readings   |
|   | <input type="checkbox"/> | <b>C. Keep in touch</b>  |
| VI. <u>Remind</u><br><u>Patient—</u><br><u>Follow-up</u><br><u>Appointments</u> | <input type="checkbox"/> | <b>Follow-up appointments</b><br><br>Remind patient about follow-up appointments for research data collection in 2, 6 and 12 months. |
| VII. <u>Post-</u><br><u>intervention</u><br><u>questionnaire</u>                | <input type="checkbox"/> | • Post-intervention questionnaire  |
|   | <input type="checkbox"/> | • Subject Payment  |
| VIII. <u>DDS</u><br><u>Follow-up</u>  | <input type="checkbox"/> | <b>DDS:</b><br><br>• Follow-up (usual treatment)   |

CLINICAL  
NOTES: